



# PETE SESSIONS

U.S. CONGRESSMAN FOR TEXAS 17TH



## PRIVACY RELEASE FORM

☐

Waco Office  
400 Austin Avenue, Suite 302  
Waco, TX. 76701-2139

☐

Huntsville Office  
901 Normal Park Drive, Suite 208,  
Huntsville, TX. 77320-3770

☐

Lufkin Office  
300 E Shepherd Avenue, Suite 210,  
Lufkin, TX. 75902-3252

☐

Nacogdoches Office  
3034 Raguet Street  
Nacogdoches, TX 75965-2852

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TYPE OF SERVICE YOU ARE SEEKING: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PLEASE ATTACH ANY ADDITIONAL INFORMATION NEEDED

*In accordance with the provisions of the Privacy Act, I hereby authorize Congressman Pete Sessions, or a member of his staff, to make the appropriate inquiry on my behalf to a government agency that can assist with your case. I understand that by requesting the assistance of Congressman Pete Sessions or a member of his staff, I am obliged to provide truthful information in this privacy release and any document submitted with it. All the information listed is complete, true, and correct.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Guardian or Power of Attorney if Necessary: \_\_\_\_\_